

HAND DELIVERED

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2014 DEC 12 PM 12:30

FEC MAIL ROOM USE ONLY

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

E-PAC

ADDRESS (number and street)

PO BOX 500

☐

(Check if address
is changed)

GLENS FALLS

CITY ▲

NY

STATE ▲

12801

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

compliance@complianceconsultingva.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

N/A

2. DATE

MM / DD / YYYY
11 / 19 / 2014

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CABEL HOBBS

Signature of Treasurer

Cabel Hobbs

Date

MM / DD / YYYY
12 / 12 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)